

B1 (Official Form 1)(1/08)

United States Bankruptcy Court Northern District of Illinois				Voluntary Petition											
Name of Debtor (if individual, enter Last, First, Middle): Clark, LeRoy A			Name of Joint Debtor (Spouse) (Last, First, Middle): Clark, Kimberly S												
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):												
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-1320			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-9714												
Street Address of Debtor (No. and Street, City, and State): 710 Germania Dr. Apt. A Ottawa, IL <div style="text-align: right; font-size: small;">ZIP Code 61350</div>			Street Address of Joint Debtor (No. and Street, City, and State): 710 Germania Dr. Apt. A Ottawa, IL <div style="text-align: right; font-size: small;">ZIP Code 61350</div>												
County of Residence or of the Principal Place of Business: La Salle			County of Residence or of the Principal Place of Business: La Salle												
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>			Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>												
Location of Principal Assets of Business Debtor (if different from street address above):															
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.											
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).												
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.				THIS SPACE IS FOR COURT USE ONLY											
Estimated Number of Creditors <table style="width: 100%; font-size: small;"><tr><td><input type="checkbox"/> 1-49</td><td><input type="checkbox"/> 50-99</td><td><input checked="" type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> OVER 100,000</td></tr></table>						<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
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Estimated Assets <table style="width: 100%; font-size: small;"><tr><td><input checked="" type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>						<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion						
Estimated Liabilities <table style="width: 100%; font-size: small;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>				<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
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Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Clark, LeRoy A
Clark, Kimberly S

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

- None -

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ Stephen J. West, Atty.

February 19, 2009

Signature of Attorney for Debtor(s)

(Date)

Stephen J. West, Atty. 02989794

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Clark, LeRoy A
Clark, Kimberly S

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ LeRoy A Clark

Signature of Debtor **LeRoy A Clark**

X /s/ Kimberly S Clark

Signature of Joint Debtor **Kimberly S Clark**

Telephone Number (If not represented by attorney)

February 19, 2009

Date

Signature of Attorney*

X /s/ Stephen J. West, Atty.

Signature of Attorney for Debtor(s)

Stephen J. West, Atty. 02989794

Printed Name of Attorney for Debtor(s)

Stephen J. West

Firm Name

628 Columbus Dr.
Rm. 102
Ottawa, IL 61350

Address

815-434-7250 Fax: 815-434-0951

Telephone Number

February 19, 2009

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

B 1D(Official Form 1, Exhibit D) (12/08)

**United States Bankruptcy Court
Northern District of Illinois**

In re **LeRoy A Clark
Kimberly S Clark**

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

B 1D(Official Form 1, Exhibit D) (12/08) - Cont.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ LeRoy A Clark
LeRoy A Clark

Date: February 19, 2009

B 1D(Official Form 1, Exhibit D) (12/08)

**United States Bankruptcy Court
Northern District of Illinois**

In re **LeRoy A Clark
Kimberly S Clark**

Debtor(s)

Case No.

Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* ____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

B 1D(Official Form 1, Exhibit D) (12/08) - Cont.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Kimberly S Clark
Kimberly S Clark

Date: February 19, 2009

B7 (Official Form 7) (12/07)

United States Bankruptcy Court
Northern District of Illinois

In re **LeRoy A Clark**
Kimberly S Clark

Debtor(s)

Case No.
Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$31,000.00	Him 2007
\$34,000.00	2008
\$16,000.00	Her 2007
\$0.00	2008

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

3. Payments to creditors

None ☐ *Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Advantage Auto Sales	Monthly payment	\$360.00	\$7,100.00

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	------------------------------------	--	-----------------------

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
------------------------------------	----------------------	---------------------------------	--------------------------

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None ☐ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

18 . Nature, location and name of business

None

- ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
NAME				

None

- ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

None

- ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
------------------	-------------------------

None

- ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
------	---------	-------------------------

None

- ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None

- ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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20. Inventories

None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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21. Current Partners, Officers, Directors and Shareholders

None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
------------------	--------------------	------------------------

None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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22. Former partners, officers, directors and shareholders

None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23. Withdrawals from a partnership or distributions by a corporation

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
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DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date **February 19, 2009**_____

Signature **/s/ LeRoy A Clark**_____
LeRoy A Clark
Debtor

Date **February 19, 2009**_____

Signature **/s/ Kimberly S Clark**_____
Kimberly S Clark
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court
Northern District of Illinois

In re **LeRoy A Clark,
Kimberly S Clark**

Debtors

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	9,010.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		7,100.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	38		227,897.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			2,519.00
J - Current Expenditures of Individual Debtor(s)	Yes	1			2,508.00
Total Number of Sheets of ALL Schedules		49			
Total Assets			9,010.00		
Total Liabilities				234,997.00	

United States Bankruptcy Court
Northern District of Illinois

In re **LeRoy A Clark,
Kimberly S Clark**

Debtors

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 16)	2,519.00
Average Expenses (from Schedule J, Line 18)	2,508.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	3,036.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		100.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		227,897.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		227,997.00

B6A (Official Form 6A) (12/07)

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

B6B (Official Form 6B) (12/07)

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash on hand	J	10.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account - Wood Forest National Bank	J	100.00
		Savings account - Streator Onized Credit Union	J	50.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Miscellaneous household goods, furniture & furnishings.	J	800.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Wearing apparel	J	50.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **1,010.00**
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

Sub-Total > **0.00**
(Total of this page)

Sheet 1 of 2 continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2003 Chevrolet	J	7,000.00
		1997 Chevrolet Van	J	1,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **8,000.00**
(Total of this page)
Total > **9,010.00**

Sheet 2 of 2 continuation sheets attached
to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (12/07)

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)

☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Other Exemptions			
The necessary wearing apparel, bible, school books and family pictures of the debtors, LeRoy A & Kimberly S Clark and the debtor's dependants;	735 ILCS 5/12-1001(a)	100.00	0.00
Personal property,household goods,furnishings,funds held by employer,funds on deposit, tax returns, other property listed on Schedule B not otherwise claimed as exempt.	735 ILCS 5/12-1001(b)	8,000.00	0.00
The debtor's interest not to exceed \$2,400 in value in any one motor vehicle.	735 ILCS 5/12-1001(c)	4,800.00	0.00

Total: **12,900.00** **0.00**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D	W I F E	J O I N T	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		Husband, Wife, Joint, or Community							
Account No.		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN							
Advantage Auto Sales 4405 Frontage Rd. Peru, IL 61354	J	Security is a 2003 Chevrolet Van obtained in 2009 as purchase money security interest.					X		
		Value \$ 7,000.00						7,100.00	100.00
Account No.									
		Value \$							
Account No.									
		Value \$							
Account No.									
		Value \$							
Subtotal (Total of this page)								7,100.00	100.00
Total (Report on Summary of Schedules)								7,100.00	100.00

0 continuation sheets attached

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6F (Official Form 6F) (12/07)

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Ace Hardware % Marlin Integrated		J	Claim was incurred for collection account.		X		123.00
Account No. ACS Primaty Care Phys. MW 2620 Ridgewood Rd. Akron, OH 44313		J	Claim was incurred for services.		X		214.00
Account No. 6150014815 Advance America 2860 N Columbus St. Ottawa, IL 61350		J	Claim was incurred for loan.		X		864.00
Account No. Affinity Cash Loan 2620 Columbus St. Ottawa, IL 61350		J	Claim was incurred for loan.		X		1,804.00
Subtotal (Total of this page)							3,005.00

37 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for loan.				
Affinity Cash Loans 16525 West 159th St. P.M.B 312 Lombard, IL 60148	J			X		1,092.00
Account No. 10326590		Claim was incurred for collection account				
AmerinIP c/o State Collection Service 2509 S. Stoughton Rd. Madison, WI 53716	J			X		617.00
Account No.		Claim was incurred for collection account.				
Ameristar Financial Co. 1795 N. Butterfield Rd. Libertyville, IL 60048-1238	J			X		10,709.00
Account No. 815 431-0218 205 1		Claim was incurred for services.				
Ameritech Bill Payment Center Chicago, IL 60663-0001	J			X		174.00
Account No.		Claim was incurred for collection account.				
Ameritech FACC Illinois % Collection Co of America 700 Longwater Dr. Norwell, MA 02061-1624	J			X		1,421.00
Sheet no. <u>1</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						14,013.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for services.				
Arturo D Tomas MD Ltd. PO Box 732 Ottawa, IL 61350	J			X		394.00
Account No.		Claim was incurred for collection account.				
Asset Acceptance assignee of Ballys %Freedman Anselmo Lindberg, Rappe PO Box 3228 Naperville, IL 60566-7228	J			X		4,393.00
Account No.		Claim was incurred for services.				
Associated University Neurosurgeons PO Box 3216 Springfield, IL 62708	J			X		125.00
Account No. 815 431-2552 D		Claim was incurred for services.				
AT&T PO Box 8212 Aurora, IL 60572-8212	J			X		7.00
Account No. 815 313-5612		Claim was incurred for services.				
AT&T PO Box 8212 Aurora, IL 60572-8212	J			X		213.00
Sheet no. 2 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						5,132.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 3314111788801	J	Claim was incurred for collection account.		X		79.00
AT&T % Cavalry Portfolio Services, LLC PO Box 27288 Tempe, AZ 85282						
Account No. 3508139824201	J	Claim was incurred for collection account.		X		289.00
AT&T Long Distance Morristown % Goggins & Lavintman, PA 3140 Neil Armstrong Blvd.;Suite 319 Eagan, MN 55121						
Account No.	J	Claim was incurred for collection account.		X		70.00
ATA Anesthesiologists % Creditors Discount & Audit Co. PO Box 213 Streator, IL 61364-0231						
Account No. 67490	J	Claim was incurred for overdrawn account.		X		15.00
Bakelite Credit Union 311 E. Joliet St. Ottawa, IL 61350						
Account No.	J	Claim was incurred for services.		X		8.00
Bhurji Singh, M.D.S.C. PO Box 379 Orland Park, IL 60462						
Sheet no. 3 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						461.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for collection account.				
BMG 2nd Video DVD Non Nixie % NCO Financial Systems Inc. PO Box 15630; Dept. 99 Wilmington, DE 19850	J			X		48.00
Account No.		Claim was incurred for collection account.				
BMG Music Service Club % Allied Interstate Inc. PO Box 5017 New York, NY 10163	J			X		47.00
Account No.		Claim was incurred for balance due on account.				
BMH Tipton % Medical Finc.	J			X		123.00
Account No.		Claim was incurred for collection account.				
Call Home America % NCO Financial Systems Inc. PO Box 17196 Baltimore, MD 21297	J			X		197.00
Account No.		Claim was incurred for services.				
Cardinal Sleep Centers of America Dept. CH19064 Palatine, IL 60055-0001	J			X		2,400.00
Sheet no. <u>4</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						2,815.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for collection account.				
Casey's % Trac-A-Chec, Inc. PO Box 2764 Davenport, IA 52809-2764	J			X		65.00
Account No. ILOTW-0009330S		Claim was incurred for loan.				
Cashland 17 Triangle Park Cincinnati, OH 45246	J			X		416.00
Account No.		Claim was incurred for collection account.				
Center for Reproductive % J&J Collections PO Box 841 Joliet, IL 60434-0841	J			X		466.00
Account No.		Claim was incurred for collection account.				
Central IL Radiological Assoc % T-H Professional & Med Collection PO Box 10166 Peoria, IL 61612-0166	J			X		307.00
Account No.		Claim was incurred for services.				
Central IL Radiological Assoc. 5200 Reliable Pkwy. Chicago, IL 60686	J			X		460.00
Sheet no. <u>5</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,714.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 00LM209	J	Claim was incurred for civil judgment.		X		2,200.00
Chandok Raghu R						
Account No. 9010050601	J	Claim was incurred for collection account.		X		404.00
Charter One Bank Checking % Island National Group LLC PO Box 18009 Hauppauge, NY 11788-8809						
Account No. 21702576	J	Claim was incurred for consumer goods.		X		24.00
Chicago Tribune PO Box 6490 Chicago, IL 60680-6490						
Account No.	J	Claim was incurred for services.		X		262.00
Choices 1000 E. Norris Dr. Ottawa, IL 61350						
Account No.	J	Claim was incurred for collection account.		X		58.00
Circuit Court Clerk Kane Co % NCO Financial Systems Inc. PO Box 41417; Dept. 99 Philadelphia, PA 19101						
Sheet no. <u>6</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,948.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 08 LM 143	J	Claim was incurred for civil judgment for multiple medical collection accounts.		X		16,424.00
Collection Professionals, Inc. % Robert B. Steele, Atty. PO Box 517 La Salle, IL 61301						
Account No.	J	Claim was incurred for collection account.		X		194.00
Columbia House Company % NCO Financial Systems Inc. PO Box 41417; Dept. 99 Philadelphia, PA 19101						
Account No. 6554006018	J	Claim was incurred for collection account.		X		674.00
Commonwealth Edison % NCO Financial Systems Inc. PO Box 41418; Dept. 13 Philadelphia, PA 19101						
Account No.	J	Claim was incurred for services.		X		23,809.00
Community Hospital of Ottawa 1100 E. Norris Dr. Ottawa, IL 61350						
Account No.	J	Claim was incurred for collection account.		X		1,173.00
Community Hospital of Ottawa % Creditor Discount & Audit PO Box 213 Streator, IL 61364-0213						
Sheet no. <u>7</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						42,274.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.		Claim was incurred for consumer goods						
Cooking Club of America P.O. Box 3526 Minnetonka, MN 55343	J					X		12.00
Account No.		Claim was incurred for collection account.						
Corinthian College % Global Acceptance Credit Co. PO Box 172800 Arlington, TX 76003-2800	J					X		1,421.00
Account No.		Claim was incurred for multiple collection accounts.						
Corporate Receivables, Inc. PO Box 32995 Phoenix, AZ 85064-2995	J					X		486.00
Account No. 02520200		Claim was incurred for balance due on account.						
Cottonwood Financial Ltd.% Baker, Miller, Markoff & Krasny, LLC Attys 11 S. LaSalle St., 19th Floor Chicago, IL 60603-1203	J					X		1,867.00
Account No.		Claim was incurred for collection account.						
Credit Recovery, Inc. PO Box 916 Ottawa, IL 61350	J					X		989.00
Sheet no. 8 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)		4,775.00	

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for multiple medical collection accounts.				
Creditors Discount & Audit Co. PO Box 213 Streator, IL 61364	J			X		13,744.00
Account No.		Claim was incurred for collection account.				
Dawn R. Miesner, DO % Account Recovery Services, Inc. PO Box 2526 Loves Park, IL 61132	J			X		241.00
Account No.		Claim was incurred for services.				
Delnor Community Hospital % KCA Financial PO Box 53 Geneva, IL 60134	J			X		1,001.00
Account No. 51225		Claim was incurred for consumer goods.				
Denny's #1164 % Check Rite Ltd. 7050 Union Park Ctr. Midvale, UT 84047	J			X		27.00
Account No. 391824CAR0622P090		Claim was incurred for consumer goods.				
Diabetes Self-Management PO Box 52890 Boulder, CO 80322-2890	J			X		14.00
Sheet no. <u>9</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						15,027.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for balance due on account.				
Dial Adjustment Bureau 960 MacArthur Blvd. Mahwah, NJ 07495-0011	J			X		40.00
Account No.		Claim was incurred for collection account.				
Diesel Truck Training School % LTD Financial Services, LP 7322 Southwest Freeway; Suite 1600 Houston, TX 77074	J			X		5,686.00
Account No. 23528096		Claim was incurred for services.				
Directv PO Box 78627 Phoenix, AZ 85062	J			X		364.00
Account No. 734313		Claim was incurred for consumer goods.				
Disney Movie Club PO Box 758 Neenah, WI 54957-0758	J			X		30.00
Account No.		Claim was incurred for collection account.				
Dr. Beatrice E. Mounts % Crditor Discount & Audit PO Box 213 Streator, IL 61364-0213	J			X		155.00
Sheet no. <u>10</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						6,275.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for collection account.				
Dr. JA Crowhurst, DPM % Credit Recovery Inc. PO Box 916 Ottawa, IL 61350	J			X		120.00
Account No.		Claim was incurred for collection account.				
Dr. Sinha Upendra % Creditors Discount & Audit PO Box 213 Streator, IL 61364-0213	J			X		1,385.00
Account No.		Claim was incurred for services.				
DuPage Medical Group 1860 Paysphere Circle Chicago, IL 60674	J			X		20.00
Account No. 446		Claim was incurred for balance owed on account.				
E.C.B. 3401 E. Truman Rd. Kansas City, MO 64127	J			X		3,360.00
Account No.		Claim was incurred for collection account.				
Econo Foods % Telecheck Recovery Services, Inc. PO Box 17170 Denver, CO 80217-0170	J			X		46.00
Sheet no. <u>11</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						4,931.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B I T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for collection account.				
Edward Hospital % Merchants' Credit Guide Co. 223 W. Jackson Blvd. Chicago, IL 60606	J			X		479.00
Account No. 08-LM-456		Claim was incurred for civil judgment				
Eich Management Corporation c/o William P. Hintz, Attorney P.O. Box 539 La Salle, IL 61301	J					5,788.00
Account No.		Claim was incurred for balance owed on account.				
Elec Pmt Sol & Restaurantfund 3001 Bethel Rd. Suite 108 Columbus, OH 43220	J			X		177.00
Account No. 36403		Claim was incurred for balance due on account.				
EMCC PO Box 8287 Boston, MA 02266-8287	J			X		5,367.00
Account No.		Claim was incurred for collection account.				
Erie Insurance Exchange % RMS PO Box 280431 East Hartford, CT 06128-0431	J			X		224.00
Sheet no. <u>12</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						12,035.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for collection account				
Everest University - Brandon c/o NCO Financial Systems 470195 E. 7103002 New Berlin, WI 53151	J			X		5,126.00
Account No.		Claim was incurred for collection account.				
Express Information Services % Credit & Collection Solutions Inc PO Box 1013 Great Falls, MT 59403	J			X		882.00
Account No. NIL996732		Claim was incurred for consumer goods.				
Family Pantry % AAA Collection	J			X		69.00
Account No. 322		Claim was incurred for consumer goods.				
Family Pharmacy 920 West St. Peru, IL 61354	J			X		11.00
Account No. 225374164		Claim was incurred for consumer goods.				
Figi's 3200 S. Maple Ave. Marshfield, WI 54449	J			X		57.00
Sheet no. <u>13</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						6,145.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. 17769640569	J	Claim was incurred for collection account.		X		371.00	
Fingerhut % Island National Group LLC PO Box 18009 Hauppauge, NY 11788-8809							
Account No. 51275	J	Claim was incurred for consumer goods.		X		74.00	
Foremost Liquor Store % Check Rite Ltd. 7050 Union Park Ctr. Midvale, UT 84047							
Account No.	J	Claim was incurred for services.		X		30.00	
Fox Valley Family Practice Center 1300 Waterford Ave. Aurora, IL 60504-5502							
Account No.	J	Claim was incurred for services.		X		50.00	
Fox Valley Orthopaedic Assoc., S.C. 2525 Kaneville Rd. Geneva, IL 60134-2578							
Account No.	J	Claim was incurred for collection account.		X		85.00	
Fox Valley Vet Clinic % Credit Recovery Inc. PO Box 916 Ottawa, IL 61350							
Sheet no. 14 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	610.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for collection account.				
Garth I Brewer, DDS % Certified Services Inc. PO Box 177 Waukegan, IL 60079-0177	J			X		135.00
Account No.		Claim was incurred for services.				
George E. Dephillips, MDSC Neurological Surgery PO Box 610 Hinsdale, IL 60522-0610	J			X		27.00
Account No. 6319640		Claim was incurred for balance due on account.				
Greater Suburban Accept. % Wexler & Wexler 500 W. Madison St., Ste. 2910 Chicago, IL 60661	J			X		3,812.00
Account No.		Claim was incurred for balance owed on repossession.				
Greenwich % Asset Acceptance LLC PO Box 2036 Warren, MI 48090	J			X		11,799.00
Account No. N-23-3-003-307		Claim was incurred for balance owed on account.				
Handicapped & Disadvantaged Emp. Central Accounting Office 2850 N. 24th St.; Suite 500-4 Phoenix, AZ 85008	J			X		45.00
Sheet no. <u>15</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						15,818.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for collection account.				
Harlem Furniture % JBC Legal Group, PC 2 Broad St.; 6th Floor Bloomfield, NJ 07003-2550	J			X		525.00
Account No. 97 LM 135		Claim was incurred for civil judgment.				
Harness New York St. Partnership	J			X		1,337.00
Account No.		Claim was incurred for collection account.				
Hawthorne Architecture % Universal Fidelity LP PO Box 941911 Houston, TX 77094-8911	J			X		41.00
Account No.		Claim was incurred for collection account.				
HCI Direct-Silkies Pantyhose % RMCB 2269 S. Saw Mill River Rd.; Bldg. 3 Elmsford, NY 10523	J			X		16.00
Account No.		Claim was incurred for services.				
Healthcare Centers of Morris Hosp. Central Billing Office 201 S. Wabena Ave., Suite C Minooka, IL 60447-8725	J			X		30.00
Sheet no. 16 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,949.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for collection account.				
Heartcare Midwest SC % T-H Professional & Med Collection PO Box 10166 Peoria, IL 61612-0166	J			X		110.00
Account No.		Claim was incurred for consumer goods.				
High Street Pharmacy, Inc. % I C System PO Box 64378 Saint Paul, MN 55164	J			X		87.00
Account No. 105300018		Claim was incurred for balance due on account.				
Hilton Hotels Corporation 36574 Treasury Center Chicago, IL 60694-6500	J			X		1,733.00
Account No.		Claim was incurred for insufficient funds.				
Home Hardware 814 Clinton St. Ottawa, IL 61350	J			X		71.00
Account No.		Claim was incurred for services.				
Hospital Radiology Service, S.C. #8 US Rte. 6 West Suite #2 Peru, IL 61354	J			X		834.00
Sheet no. <u>17</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						2,835.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 2302898001430824	J	Claim was incurred for balance due on account.		X		467.00
Household Tax Masters PO Box 17487 Baltimore, MD 21297-1487						
Account No.	J	Claim was incurred for collection account		X		1,906.00
Housing Authority - LaSalle County 525 E. Norris Dr. Ottawa, IL 61350						
Account No.	J	Claim was incurred for services.		X		20.00
Hunter C. Davis, DDS 230 W. Main St. Ottawa, IL 61350						
Account No.	J	Claim was incurred for services.		X		483.00
IL Valley Primary Care PO Box 426 Ottawa, IL 61350						
Account No.	J	Claim was incurred for services.		X		2,446.00
IL Valley Surgical Assoc SC 1209 Starfire Drive, Suite #3 Ottawa, IL 61350						
Sheet no. <u>18</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						5,322.00
Subtotal (Total of this page)						5,322.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for services				
IL Valley Surgical Assoc SC 1209 Starfire Drive Suite #3 Ottawa, IL 61350	J			X		2,489.00
Account No.		Claim was incurred for collection account.				
ILL Valley Pathologist % Collection Professionals PO Box 416 La Salle, IL 61301-0416	J			X		212.00
Account No.		Claim was incurred for collection account.				
Illinois Power % SCS PO Box 6250 Madison, WI 53716-0250	J			X		197.00
Account No. 815-488-0270.0		Claim was incurred for services.				
Illinois Valley Cellular 200 Riverfront Dr. Marseilles, IL 61341	J			X		88.00
Account No.		Claim was incurred for services.				
Illinois Valley Community Hospital 925 West St. Peru, IL 61354	J			X		11,488.00
Sheet no. <u>19</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						14,474.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for collection account.				
Illinois Valley Radiology % Collection Professionals PO Box 416 La Salle, IL 61301-0416	J			X		267.00
Account No.		Claim was incurred for services.				
Illinois Valley Radiology SC 4234 N. Brandywine Peoria, IL 61614-5563	J			X		1,467.00
Account No. 0014798		Claim was incurred for balance owed on account.				
Illinois Vietnam Veterans, Inc. PO Box 1218 Decatur, IL 62525	J			X		15.00
Account No. 01-067078-6468002-00		Claim was incurred for services.				
Insight Communications 115 N. Galena Ave. Dixon, IL 61021-2117	J			X		179.00
Account No.		Claim was incurred for services.				
Internal Medicine Associates O 1703 Polaris Circle Ottawa, IL 61350	J			X		222.00
Sheet no. 20 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
						Subtotal (Total of this page)
						2,150.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.	J	Claim was incurred for 1040 income taxes for 1996.		X		1,918.00
Internal Revenue Service PO Box 219236 Kansas City, MO 64121						
Account No. X2254363	J	Claim was incurred for collection account.		X		106.00
Iq Telecom % Jolas & Associates, LLP PO Box 4000 Mason City, IA 50401						
Account No. 35768	J	Claim was incurred for services.		X		104.00
IQ Telecom/EZ Phone 3221 W. 127th St. Blue Island, IL 60406						
Account No.	J	Claim was incurred for collection account.		X		106.00
J&L Oil % Check It PO Box 6264 Rockford, IL 61125-1264						
Account No.	J	Claim was incurred for consumer goods.		X		376.00
JC Penney PO Box 27570 Albuquerque, NM 87201						
Sheet no. 21 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,610.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for collection account.				
John A Gordon, Jr. DMD % Monitor Financial Services, Inc. PO Box 1104 Oswego, IL 60543	J			X		33.00
Account No.		Claim was incurred for collection account.				
Joliet Doctors Clinic % Collection Professionals, Inc. 723 First St. La Salle, IL 61301-2535	J			X		257.00
Account No.		Claim was incurred for collection account.				
Joliet Radiological Serv Corp % CAB Services, Inc. 60 Barney Dr. Joliet, IL 60435	J			X		23.00
Account No.		Claim was incurred for services.				
KMB Service Corp. PO Box 790129 Saint Louis, MO 63179-0129	J			X		168.00
Account No.		Claim was incurred for collection account.				
Kroger Check Recovery Center % Helvey & Associates, Inc. 1015 E. Center St. Warsaw, IN 46580-3497	J			X		210.00
Sheet no. 22 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						691.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for collection account.				
Laboratory Corporation of America % AMCA PO Box 1235 Elmsford, NY 10523-0935	J			X		231.00
Account No. 472816		Claim was incurred for balance owed on account.				
Legacy Billing Services 10833 Valley View St. Suite 150 Cypress, CA 90630	J			X		29.00
Account No. 815-313-5612		Claim was incurred for services.				
MCI PO Box 600674 Jacksonville, FL 32260-0674	J			X		64.00
Account No. 3CX66574		Claim was incurred for services.				
MCI Telecommunications % NCO Financial Systems PO Box 41417 Dept. 99 Philadelphia, PA 19101	J			X		1,267.00
Account No.		Claim was incurred for services.				
MDP Radiologists 7808 College Dr. - 1SE Palos Heights, IL 60463	J			X		160.00
Sheet no. 23 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,751.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 8383912580249791-00	J	Claim was incurred for services.		X		978.00
Mediacom 3900 26th Ave. Moline, IL 61265-4999						
Account No. 8383 91 258 0266001	J	Claim was incurred for services		X		274.00
Mediacom P.O. Box 5741 Carol Stream, IL 60197						
Account No. 9444017270	J	Claim was incurred for balance due on account.		X		926.00
Metlife Auto & Home PO Box 41753 Philadelphia, PA 19101-1753						
Account No. 361581320	J	Claim was incurred for collection account.		X		150.00
Metropolitan Prop & Cas Inc % Premium Credit Corp PO Box 750 Scottsdale, AZ 85252-0750						
Account No.	J	Claim was incurred for services.		X		1,460.00
Morris Hospital Business Office 150 W. High St. Morris, IL 60450-1497						
Sheet no. 24 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						3,788.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for collection account.				
MTCO Communications % Collection Professionals, Inc. 723 First St. La Salle, IL 61301	J			X		1,289.00
Account No.		Claim was incurred for collection account.				
Nationwide Cassel 3435 N. Cicero Ave. Chicago, IL 60641-3782	J			X		4,253.00
Account No.		Claim was incurred for services.				
New Valley Emergency % Rob Brebner	J			X		443.00
Account No. 6-02-46-3741 2		Claim was incurred for services.				
Nicor Gas PO Box 310 Aurora, IL 60507-0310	J			X		503.00
Account No. 0316904225		Claim was incurred for collection account.				
Nicor Gas % Asset Acceptance LLC PO Box 2036 Warren, MI 48090-2036	J			X		384.00
Sheet no. <u>25</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						6,872.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 3553112000	J	Claim was incurred for collection account.		X		503.00
Nicor Gas % Asset Acceptance LLC PO Box 2036 Warren, MI 48090-2036						
Account No. 21021	J	Claim was incurred for services.		X		350.00
Oswego Fire Protection District Dept. 2q PO Box 457 Wheeling, IL 60090						
Account No.	J	Claim was incurred for services.		X		662.00
Ottawa Imaging LLC P.O. Box 2426 Ottawa, IL 61350						
Account No.	J	Claim was incurred for services.		X		581.00
Ottawa Imaging LLC P.O. Box 2426 Ottawa, IL 61350						
Account No.	J	Claim was incurred for services.		X		81.00
Ottawa Imaging, LLC PO Box 2426 Ottawa, IL 61350-2426						
Sheet no. <u>26</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,177.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Ottawa Medical Center % CB Accounts, Inc. PO Box 1289 Peoria, IL 61654-1289	J	Claim was incurred for services.		X		841.00
Account No. Ottawa Regional Hosp & Healthcare C % Creditors' Discount & Audit Co. PO Box 213 Streator, IL 61364	J	Claim was incurred for collection account.		X		240.00
Account No. Papa Johns % Collection Professionals, Inc. PO Box 416 La Salle, IL 61301-0416	J	Claim was incurred for collection account.		X		53.00
Account No. Penn Foster % Oxford Management Services CS 9018 Melville, NY 11747	J	Claim was incurred for collection account.		X		995.00
Account No. Peoria Pulmonary Asc Ltd % I.C. System, Inc. PO Box 64437 Saint Paul, MN 55164-0437	J	Claim was incurred for collection account.		X		675.00
Sheet no. 27 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,804.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Peru Anesthesia 925 West St. Peru, IL 61354	J	Claim was incurred for services.		X		1,200.00
Account No. Prairie State Pulmonary & Sleep 3077 W. Jefferson st. Suite 210 B Joliet, IL 60435	J	Claim was incurred for services		X		680.00
Account No. 5433-6287-4502-2495 Premier Bank Card LLC % CBCS PO Box 165025 Columbus, OH 43216-5025	J	Claim was incurred for collection account.		X		368.00
Account No. Prepass/ACS Govt Solutions c/o NCO Financial Systems P.O. Box 15630 Wilmington, DE 19850	J	Claim was incurred for collection account		X		276.00
Account No. 1180230 Prevena Mercy Center % H&R Accounts	J	Claim was incurred for services.		X		113.00
Sheet no. 28 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,637.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for services.				
Provena St. Joseph Med. Center % Medical Recover Specialists, Inc. 2350 E. Devon Ave., Ste. 225 Des Plaines, IL 60018	J			X		975.00
Account No.		Claim was incurred for services.				
Quest Diagnostics PO Box 64500 Baltimore, MD 21264-4500	J			X		6.00
Account No.		Claim was incurred for collection account.				
Quest Diagnostics Inc. % AMCA 2269 S. Saw Mill River Rd.; Bldg. 3 Elmsford, NY 10523	J			X		6.00
Account No.		Claim was incurred for civil judgment.				
Raghu R. Chandok	J			X		1,310.00
Account No.		Claim was incurred for consumer goods.				
Reader Service PO Box 9025 Buffalo, NY 14269-9025	J			X		14.00
Sheet no. 29 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						2,311.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for services.				
Rezin Orthopaedic 1051 W. Route 6 Suite 100 Morris, IL 60450	J			X		434.00
Account No.		Claim was incurred for collection account.				
Rezin Orthopedics Center % Collection Professionals, Inc. PO Box 841 Joliet, IL 60434-0841	J			X		557.00
Account No.		Claim was incurred for services.				
Robert M. Aronson, M.D. PO Box 631 Richton Park, IL 60471	J			X		225.00
Account No. 6349554889		Claim ws incurred for consumer goods.				
Rosatis Pizza % J & J Collection 169 N. Ottawa St., Ste. 316 Joliet, IL 60431	J			X		61.00
Account No.		Claim was incurred for services.				
Rush-Copley Med. Center PO box 352 Aurora, IL 60507-0352	J			X		1,324.00
Sheet no. 30 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						2,601.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for multiple collection accounts.				
Rush-Copley Mem. Hospital % Diversified Services PO Box 80185 Phoenix, AZ 85060	J			X		1,580.00
Account No.		Claim was incurred for services.				
S. M. O'Neal, DO 1703 Polaris Circle Ottawa, IL 61350	J			X		166.00
Account No.		Claim was incurred for collection account.				
Sandwich Veterinary Hospital % Rockford Mercantile Agency PO Box 5847 Rockford, IL 61125-0847	J			X		625.00
Account No.		Claim was incurred for collection account.				
SBC % Asset Acceptance LLC PO Box 2036 Warren, MI 48090-2036	J			X		1,141.00
Account No. 815 431-0948 5309		Claim was incurred for collection account.				
SBC Ameritech Consumer ILL % Collection Company of America 700 Longwater Drive Norwell, MA 02061	J			X		443.00
Sheet no. <u>31</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						3,955.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 6305527885314	J	Claim was incurred for collection account.		X		1,420.00
SBC Illinois % Asset Acceptance LLC PO Box 2036 Warren, MI 48090						
Account No.	J	Claim was incurred for loan.		X		333.00
Short Term Loans LLC 1400 E. Touhy Ave. #108 Des Plaines, IL 60018						
Account No.	J	Claim was incurred for services.		X		2,760.00
SleepMed Therapy Services, Inc. 2230 Towne Lake Pkwy. Building 1000, Suite 150 Woodstock, GA 30189						
Account No.	J	Claim was incurred for collection account.		X		1,402.00
St. Mary's Hospital % Van Ru Credit Corp 10024 Skokie Blvd. Skokie, IL 60077-1025						
Account No.	J	Claim was incurred for services.		X		4,414.00
St. Mary's Hospital - Streator PO Box 4105 Springfield, IL 62708-4105						
Sheet no. 32 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						10,329.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for collection account.				
St. Mary's Hospital - Streator % State Collection Service Inc. PO Box 6250 Madison, WI 53716-0250	J			X		263.00
Account No.		Claim was incurred for collection account.				
Steven C. Delheimer, MD % Genesis Medical Mgmt. 1260 N. Crest Dr. Rockford, IL 61107	J			X		5,475.00
Account No. 03-LM-213		Claim was incurred for civil judgment				
Steven Sheneman 5340 175th St. Tinley Park, IL 60477	J			X		1,927.00
Account No. 3LM381		Claim is for civil judgment.				
Steven Sheneman	J			X		1,702.00
Account No.		Claim was incurred for collection account.				
Streator Drugs % Creditors Discount & Audit Co. PO box 213 Streator, IL 61364	J			X		131.00
Sheet no. 33 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						9,498.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.	J	Claim was incurred for multiple collection accounts.		X		285.00
Tabor Podiatry % Credit Recovery, Inc. PO Box 916 Ottawa, IL 61350						
Account No.	J	Claim was incurred for services		X		340.00
Talarico Family Physicians 1050 E. Norris Dr. Ottawa, IL 61350						
Account No. 8875709663	J	Claim was incurred for collection account.		X		791.00
TCF National Bank % ACC International ACC Bldg.; 919 Estes Court Schaumburg, IL 60193-4427						
Account No. 815-313-5612	J	Claim was incurred for services.		X		74.00
Telecom*USA a Verizon Company PO Box 600674 Jacksonville, FL 32260-0674						
Account No. 3210605950	J	Claim was incurred for loan.		X		1,648.00
The Cash Store Ltd. 1300 W. Walnut Hill Ln. Suite 255 Irving, TX 75038						
Sheet no. 34 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						3,138.00

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. The Law Firm of Dreyer, Foote, Streit, Furgason & Slocum 1999 W. Downers Place Aurora, IL 60506		Claim was incurred for legal services.	J			X		570.00
Account No. Tim Bott % U-Stor-It 1435 Boyce Memorial Dr. Ottawa, IL 61350		Claim was incurred for past due rent.	J			X		1,575.00
Account No. Tri City Radiology SC % KCA Financial PO Box 53 Geneva, IL 60134		Claim was incurred for services.	J			X		188.00
Account No. 5259-8300-0469-1546 Tribute MasterCard % MCM Dept. 8870 Los Angeles, CA 90084-8870		Claim was incurred for collection account.	J			X		700.00
Account No. U.K. Sinha, Physical Therapy 16 Northpoint Dr. Streator, IL 61364		Claim was incurred for services.	J			X		210.00
Sheet no. 35 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims <div style="float: right;"> Subtotal (Total of this page) </div>								3,243.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 704042580 U.S. Cellular PO Box 0203 Palatine, IL 60055-0203	J	Claim was incurred for services.		X		337.00
Account No. Upendra K Sinha, MD 104 Sixth St. Suite 303 Streator, IL 61364	J	Claim was incurred for services.		X		1,386.00
Account No. US Cellular %Portfolio Recovery Associates, LLC PO Box 12914 Norfolk, VA 23541	J	Claim was incurred for collection account.		X		255.00
Account No. V. S. Teves, MD IL V. Pathologist PO Box 89 Spring Valley, IL 61362	J	Claim was incurred for services.		X		207.00
Account No. 8154310218 Vartec Telecom, Inc. PO Box 872025 Kansas City, MO 64187-2025	J	Claim was incurred for services.		X		15.00
Sheet no. <u>36</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,200.00

B6F (Official Form 6F) (12/07) - Cont.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Viking Magazine Service % Credit & Collection Solutions Inc PO Box 1013 Great Falls, MT 59403	J		Claim was incurred for collection account.		X	882.00
Account No.						
Vital Care Physical Therapy % Midstate Collection Soltuions PO Box 3292 Champaign, IL 61826-3292	J		Claim was incurred for collection account.		X	434.00
Account No.						
Wenona Health Center, S.C. 516 South Chestnut Wenona, IL 61377	J		Claim was incurred for services.		X	1,268.00
Account No.						
Account No.						
Sheet no. 37 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,584.00
						Total (Report on Summary of Schedules)
						227,897.00

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

In re **LeRoy A Clark,
Kimberly S Clark**

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

continuation sheets attached to Schedule of Codebtors

B6I (Official Form 6I) (12/07)

In re **LeRoy A Clark**
Kimberly S Clark

Case No. _____

Debtor(s) _____

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): None.	AGE(S):
Employment:	DEBTOR	SPOUSE
Occupation	Truck Driver	private care
Name of Employer	JB Hunt	Help At Home
How long employed	January 2008	November, 2008
Address of Employer	Chicago, IL	Ottawa, IL

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)
2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ 2,182.00	\$ 223.00
\$ 0.00	\$ 0.00

3. SUBTOTAL

\$ 2,182.00	\$ 223.00
--------------------	------------------

4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
b. Insurance
c. Union dues
d. Other (Specify): **Legal plan**

\$ 455.00	\$ 19.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 6.00
\$ 37.00	\$ 0.00
\$ 0.00	\$ 0.00

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 492.00	\$ 25.00
------------------	-----------------

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 1,690.00	\$ 198.00
--------------------	------------------

7. Regular income from operation of business or profession or farm (Attach detailed statement)
8. Income from real property
9. Interest and dividends
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above
11. Social security or government assistance (Specify):

\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

12. Pension or retirement income

13. Other monthly income

(Specify): **Unemployment \$164.00/week**

\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 631.00
\$ 0.00	\$ 0.00

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 0.00	\$ 631.00
----------------	------------------

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 1,690.00	\$ 829.00
--------------------	------------------

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 2,519.00

(Report also on Summary of Schedules and, if applicable, on
Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

B6J (Official Form 6J) (12/07)

In re **LeRoy A Clark**
Kimberly S Clark

Debtor(s)

Case No. _____

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	550.00
a. Are real estate taxes included? Yes _____ No <u>X</u>		
b. Is property insurance included? Yes _____ No <u>X</u>		
2. Utilities:		
a. Electricity and heating fuel	\$	200.00
b. Water and sewer	\$	0.00
c. Telephone	\$	180.00
d. Other <u>cable</u>	\$	120.00
3. Home maintenance (repairs and upkeep)	\$	0.00
4. Food	\$	420.00
5. Clothing	\$	50.00
6. Laundry and dry cleaning	\$	0.00
7. Medical and dental expenses	\$	200.00
8. Transportation (not including car payments)	\$	340.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	0.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	\$	0.00
c. Health	\$	0.00
d. Auto	\$	88.00
e. Other _____	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	360.00
b. Other _____	\$	0.00
c. Other _____	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other _____	\$	0.00
Other _____	\$	0.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	2,508.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I	\$	2,519.00
b. Average monthly expenses from Line 18 above	\$	2,508.00
c. Monthly net income (a. minus b.)	\$	11.00

United States Bankruptcy Court
Northern District of Illinois

In re **LeRoy A Clark**
Kimberly S Clark

Debtor(s)

Case No.
Chapter

7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **51** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **February 19, 2009**

Signature **/s/ LeRoy A Clark**
LeRoy A Clark
Debtor

Date **February 19, 2009**

Signature **/s/ Kimberly S Clark**
Kimberly S Clark
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court**Northern District of Illinois**In re **LeRoy A Clark**
Kimberly S Clark

Debtor(s)

Case No.

Chapter

7**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u>400.00</u>
Prior to the filing of this statement I have received.....	\$	<u>400.00</u>
Balance Due.....	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **February 19, 2009**

/s/ Stephen J. West, Atty.

Stephen J. West, Atty. 02989794

Stephen J. West

628 Columbus Dr.

Rm. 102

Ottawa, IL 61350

815-434-7250 Fax: 815-434-0951

B8 (Form 8) (12/08)

United States Bankruptcy Court
Northern District of Illinois

In re **LeRoy A Clark**
Kimberly S Clark

Debtor(s)

Case No.

Chapter

7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: Advantage Auto Sales	Describe Property Securing Debt: Security is a 2003 Chevrolet Van obtained in 2009 as purchase money security interest.
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date **February 19, 2009**

Signature **/s/ LeRoy A Clark**
LeRoy A Clark
Debtor

Date **February 19, 2009**

Signature **/s/ Kimberly S Clark**
Kimberly S Clark
Joint Debtor

**United States Bankruptcy Court
Northern District of Illinois**

In re **LeRoy A Clark**
Kimberly S Clark Debtor(s) Case No. _____
Chapter **7**

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **188**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **February 19, 2009** **/s/ LeRoy A Clark**
LeRoy A Clark
Signature of Debtor

Date: **February 19, 2009** **/s/ Kimberly S Clark**
Kimberly S Clark
Signature of Debtor

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments

over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Attorney

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Stephen J. West, Atty. 02989794

Printed Name of Attorney
Address:
628 Columbus Dr.
Rm. 102
Ottawa, IL 61350
815-434-7250

X **/s/ Stephen J. West, Atty.** **February 19, 2009**

Signature of Attorney Date

Certificate of Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

LeRoy A Clark
Kimberly S Clark

Printed Name(s) of Debtor(s)

X **/s/ LeRoy A Clark** **February 19, 2009**

Signature of Debtor Date

Case No. (if known) _____

X **/s/ Kimberly S Clark** **February 19, 2009**

Signature of Joint Debtor (if any) Date

Ace Hardware
% Marlin Integrated

ACS Primaty Care Phys. MW
2620 Ridgewood Rd.
Akron, OH 44313

Advance America
2860 N Columbus St.
Ottawa, IL 61350

Advantage Auto Sales
4405 Frontage Rd.
Peru, IL 61354

Affinity Cash Loan
2620 Columbus St.
Ottawa, IL 61350

Affinity Cash Loans
16525 West 159th St.
P.M.B 312
Lombard, IL 60148

AmerinIP
c/o State Collection Service
2509 S. Stoughton Rd.
Madison, WI 53716

Ameristar Financial Co.
1795 N. Butterfield Rd.
Libertyville, IL 60048-1238

Ameritech
Bill Payment Center
Chicago, IL 60663-0001

Ameritech FACC Illinois
% Collection Co of America
700 Longwater Dr.
Norwell, MA 02061-1624

Arturo D Tomas MD Ltd.
PO Box 732
Ottawa, IL 61350

Asset Acceptance assignee of Ballys
%Freedman Anselmo Lindberg, Rappe
PO Box 3228
Naperville, IL 60566-7228

Associated University Neurosurgeons
PO Box 3216
Springfield, IL 62708

AT&T
PO Box 8212
Aurora, IL 60572-8212

AT&T
PO Box 8212
Aurora, IL 60572-8212

AT&T
% Cavalry Portfolio Services, LLC
PO Box 27288
Tempe, AZ 85282

AT&T Long Distance Morristown
% Goggins & Lavintman, PA
3140 Neil Armstrong Blvd.; Suite 319
Eagan, MN 55121

ATA Anesthesiologists
% Creditors Discount & Audit Co.
PO Box 213
Streator, IL 61364-0231

Bakelite Credit Union
311 E. Joliet St.
Ottawa, IL 61350

Bhurji Singh, M.D.S.C.
PO Box 379
Orland Park, IL 60462

BMG 2nd Video DVD Non Nixie
% NCO Financial Systems Inc.
PO Box 15630; Dept. 99
Wilmington, DE 19850

BMG Music Service Club
% Allied Interstate Inc.
PO Box 5017
New York, NY 10163

BMH Tipton
% Medical Finc.

Call Home America
% NCO Financial Systems Inc.
PO Box 17196
Baltimore, MD 21297

Cardinal Sleep Centers of America
Dept. CH19064
Palatine, IL 60055-0001

Casey's
% Trac-A-Chec, Inc.
PO Box 2764
Davenport, IA 52809-2764

Cashland
17 Triangle Park
Cincinnati, OH 45246

Center for Reproductive
% J&J Collections
PO Box 841
Joliet, IL 60434-0841

Central IL Radiological Assoc
% T-H Professional & Med Collection
PO Box 10166
Peoria, IL 61612-0166

Central IL Radiological Assoc.
5200 Reliable Pkwy.
Chicago, IL 60686

Chandok Raghu R

Charter One Bank Checking
% Island National Group LLC
PO Box 18009
Hauppauge, NY 11788-8809

Chicago Tribune
PO Box 6490
Chicago, IL 60680-6490

Choices
1000 E. Norris Dr.
Ottawa, IL 61350

Circuit Court Clerk Kane Co
% NCO Financial Systems Inc.
PO Box 41417; Dept. 99
Philadelphia, PA 19101

Collection Professionals, Inc.
% Robert B. Steele, Atty.
PO Box 517
La Salle, IL 61301

Columbia House Company
% NCO Financial Systems Inc.
PO Box 41417; Dept. 99
Philadelphia, PA 19101

Commonwealth Edison
% NCO Financial Systems Inc.
PO Box 41418; Dept. 13
Philadelphia, PA 19101

Community Hospital of Ottawa
1100 E. Norris Dr.
Ottawa, IL 61350

Community Hospital of Ottawa
% Creditor Discount & Audit
PO Box 213
Streator, IL 61364-0213

Cooking Club of America
P.O. Box 3526
Minnetonka, MN 55343

Corinthian College
% Global Acceptance Credit Co.
PO Box 172800
Arlington, TX 76003-2800

Corporate Receivables, Inc.
PO Box 32995
Phoenix, AZ 85064-2995

Cottonwood Financial Ltd.% Baker,
Miller, Markoff & Krasny, LLC Attys
11 S. LaSalle St., 19th Floor
Chicago, IL 60603-1203

Credit Recovery, Inc.
PO Box 916
Ottawa, IL 61350

Creditors Discount & Audit Co.
PO Box 213
Streator, IL 61364

Dawn R. Miesner, DO
% Account Recovery Services, Inc.
PO Box 2526
Loves Park, IL 61132

Delnor Community Hospital
% KCA Financial
PO Box 53
Geneva, IL 60134

Denny's #1164
% Check Rite Ltd.
7050 Union Park Ctr.
Midvale, UT 84047

Diabetes Self-Management
PO Box 52890
Boulder, CO 80322-2890

Dial Adjustment Bureau
960 MacArthur Blvd.
Mahwah, NJ 07495-0011

Diesel Truck Training School
% LTD Financial Services, LP
7322 Southwest Freeway; Suite 1600
Houston, TX 77074

Directv
PO Box 78627
Phoenix, AZ 85062

Disney Movie Club
PO Box 758
Neenah, WI 54957-0758

Dr. Beatrice E. Mounts
% Crditor Discount & Audit
PO Box 213
Streator, IL 61364-0213

Dr. JA Crowhurst, DPM
% Credit Recovery Inc.
PO Box 916
Ottawa, IL 61350

Dr. Sinha Upendra
% Creditors Discount & Audit
PO Box 213
Streator, IL 61364-0213

DuPage Medical Group
1860 Paysphere Circle
Chicago, IL 60674

E.C.B.
3401 E. Truman Rd.
Kansas City, MO 64127

Econo Foods
% Telecheck Recovery Services, Inc.
PO Box 17170
Denver, CO 80217-0170

Edward Hospital
% Merchants' Credit Guide Co.
223 W. Jackson Blvd.
Chicago, IL 60606

Eich Management Corporation
c/o William P. Hintz, Attorney
P.O. Box 539
La Salle, IL 61301

Elec Pmt Sol & Restaurantefund
3001 Bethel Rd.
Suite 108
Columbus, OH 43220

EMCC
PO Box 8287
Boston, MA 02266-8287

Erie Insurance Exchange
% RMS
PO Box 280431
East Hartford, CT 06128-0431

Everest University - Brandon
c/o NCO Financial Systems
470195 E. 7103002
New Berlin, WI 53151

Express Information Services
% Credit & Collection Solutions Inc
PO Box 1013
Great Falls, MT 59403

Family Pantry
% AAA Collection

Family Pharmacy
920 West St.
Peru, IL 61354

Figi's
3200 S. Maple Ave.
Marshfield, WI 54449

Fingerhut
% Island National Group LLC
PO Box 18009
Hauppauge, NY 11788-8809

Foremost Liquor Store
% Check Rite Ltd.
7050 Union Park Ctr.
Midvale, UT 84047

Fox Valley Family Practice Center
1300 Waterford Ave.
Aurora, IL 60504-5502

Fox Valley Orthopaedic Assoc., S.C.
2525 Kaneville Rd.
Geneva, IL 60134-2578

Fox Valley Vet Clinic
% Credit Recovery Inc.
PO Box 916
Ottawa, IL 61350

Garth I Brewer, DDS
% Certified Services Inc.
PO Box 177
Waukegan, IL 60079-0177

George E. Dephillips, MDSC
Neurological Surgery
PO Box 610
Hinsdale, IL 60522-0610

Greater Suburban Accept.
% Wexler & Wexler
500 W. Madison St., Ste. 2910
Chicago, IL 60661

Greenwich
% Asset Acceptance LLC
PO Box 2036
Warren, MI 48090

Handicapped & Disadvantaged Emp.
Central Accounting Office
2850 N. 24th St.; Suite 500-4
Phoenix, AZ 85008

Harlem Furniture
% JBC Legal Group, PC
2 Broad St.; 6th Floor
Bloomfield, NJ 07003-2550

Harness New York St. Partnership

Hawthorne Architecture
% Universal Fidelity LP
PO Box 941911
Houston, TX 77094-8911

HCI Direct-Silkies Pantyhose
% RMCB
2269 S. Saw Mill River Rd.; Bldg. 3
Elmsford, NY 10523

Healthcare Centers of Morris Hosp.
Central Billing Office
201 S. Wabena Ave., Suite C
Minooka, IL 60447-8725

Heartcare Midwest SC
% T-H Professional & Med Collection
PO Box 10166
Peoria, IL 61612-0166

High Street Pharmacy, Inc.
% I C System
PO Box 64378
Saint Paul, MN 55164

Hilton Hotels Corporation
36574 Treasury Center
Chicago, IL 60694-6500

Home Hardware
814 Clinton St.
Ottawa, IL 61350

Hospital Radiology Service, S.C.
#8 US Rte. 6 West
Suite #2
Peru, IL 61354

Household Tax Masters
PO Box 17487
Baltimore, MD 21297-1487

Housing Authority - LaSalle County
525 E. Norris Dr.
Ottawa, IL 61350

Hunter C. Davis, DDS
230 W. Main St.
Ottawa, IL 61350

IL Valley Primary Care
PO Box 426
Ottawa, IL 61350

IL Valley Surgical Assoc SC
1209 Starfire Drive, Suite #3
Ottawa, IL 61350

IL Valley Surgical Assoc SC
1209 Starfire Drive
Suite #3
Ottawa, IL 61350

ILL Valley Pathologist
% Collection Professionals
PO Box 416
La Salle, IL 61301-0416

Illinois Power
% SCS
PO Box 6250
Madison, WI 53716-0250

Illinois Valley Cellular
200 Riverfront Dr.
Marseilles, IL 61341

Illinois Valley Community Hospital
925 West St.
Peru, IL 61354

Illinois Valley Radiology
% Collection Professionals
PO Box 416
La Salle, IL 61301-0416

Illinois Valley Radiology SC
4234 N. Brandywine
Peoria, IL 61614-5563

Illinois Vietnam Veterans, Inc.
PO Box 1218
Decatur, IL 62525

Insight Communications
115 N. Galena Ave.
Dixon, IL 61021-2117

Internal Medicine Associates O
1703 Polaris Circle
Ottawa, IL 61350

Internal Revenue Service
PO Box 219236
Kansas City, MO 64121

Iq Telecom
% Jolas & Associates, LLP
PO Box 4000
Mason City, IA 50401

IQ Telecom/EZ Phone
3221 W. 127th St.
Blue Island, IL 60406

J&L Oil
% Check It
PO Box 6264
Rockford, IL 61125-1264

JC Penney
PO Box 27570
Albuquerque, NM 87201

John A Gordon, Jr. DMD
% Monitor Financial Services, Inc.
PO Box 1104
Oswego, IL 60543

Joliet Doctors Clinic
% Collection Professionals, Inc.
723 First St.
La Salle, IL 61301-2535

Joliet Radiological Serv Corp
% CAB Services, Inc.
60 Barney Dr.
Joliet, IL 60435

KMB Service Corp.
PO Box 790129
Saint Louis, MO 63179-0129

Kroger Check Recovery Center
% Helvey & Associates, Inc.
1015 E. Center St.
Warsaw, IN 46580-3497

Laboratory Corporation of America
% AMCA
PO Box 1235
Elmsford, NY 10523-0935

Legacy Billing Services
10833 Valley View St.
Suite 150
Cypress, CA 90630

MCI
PO Box 600674
Jacksonville, FL 32260-0674

MCI Telecommunications
% NCO Financial Systems
PO Box 41417 Dept. 99
Philadelphia, PA 19101

MDP Radiologists
7808 College Dr. - 1SE
Palos Heights, IL 60463

Mediacom
3900 26th Ave.
Moline, IL 61265-4999

Mediacom
P.O. Box 5741
Carol Stream, IL 60197

Metlife Auto & Home
PO Box 41753
Philadelphia, PA 19101-1753

Metropolitan Prop & Cas Inc
% Premium Credit Corp
PO Box 750
Scottsdale, AZ 85252-0750

Morris Hospital
Business Office
150 W. High St.
Morris, IL 60450-1497

MTCO Communications
% Collection Professionals, Inc.
723 First St.
La Salle, IL 61301

Nationwide Cassel
3435 N. Cicero Ave.
Chicago, IL 60641-3782

New Valley Emergency
% Rob Brebner

Nicor Gas
PO Box 310
Aurora, IL 60507-0310

Nicor Gas
% Asset Acceptance LLC
PO Box 2036
Warren, MI 48090-2036

Nicor Gas
% Asset Acceptance LLC
PO Box 2036
Warren, MI 48090-2036

Oswego Fire Protection District
Dept. 2q
PO Box 457
Wheeling, IL 60090

Ottawa Imaging LLC
P.O. Box 2426
Ottawa, IL 61350

Ottawa Imaging LLC
P.O. Box 2426
Ottawa, IL 61350

Ottawa Imaging, LLC
PO Box 2426
Ottawa, IL 61350-2426

Ottawa Medical Center
% CB Accounts, Inc.
PO Box 1289
Peoria, IL 61654-1289

Ottawa Regional Hosp & Healthcare C
% Creditors' Discount & Audit Co.
PO Box 213
Streator, IL 61364

Papa Johns
% Collection Professionals, Inc.
PO Box 416
La Salle, IL 61301-0416

Penn Foster
% Oxford Management Services
CS 9018
Melville, NY 11747

Peoria Pulmonary Asc Ltd
% I.C. System, Inc.
PO Box 64437
Saint Paul, MN 55164-0437

Peru Anesthesia
925 West St.
Peru, IL 61354

Prairie State Pulmonary & Sleep
3077 W. Jefferson st.
Suite 210 B
Joliet, IL 60435

Premier Bank Card LLC
% CBCS
PO Box 165025
Columbus, OH 43216-5025

Prepass/ACS Govt Solutions
c/o NCO Financial Systems
P.O. Box 15630
Wilmington, DE 19850

Prevena Mercy Center
% H&R Accounts

Provena St. Joseph Med. Center
% Medical Recover Specialists, Inc.
2350 E. Devon Ave., Ste. 225
Des Plaines, IL 60018

Quest Diagnostics
PO Box 64500
Baltimore, MD 21264-4500

Quest Diagnostics Inc.
% AMCA
2269 S. Saw Mill River Rd.; Bldg. 3
Elmsford, NY 10523

Raghu R. Chandok

Reader Service
PO Box 9025
Buffalo, NY 14269-9025

Rezin Orthopaedic
1051 W. Route 6
Suite 100
Morris, IL 60450

Rezin Orthopedics Center
% Collection Professionals, Inc.
PO Box 841
Joliet, IL 60434-0841

Robert M. Aronson, M.D.
PO Box 631
Richton Park, IL 60471

Rosatis Pizza
% J & J Collection
169 N. Ottawa St., Ste. 316
Joliet, IL 60431

Rush-Copley Med. Center
PO box 352
Aurora, IL 60507-0352

Rush-Copley Mem. Hospital
% Diversified Services
PO Box 80185
Phoenix, AZ 85060

S. M. O'Neal, DO
1703 Polaris Circle
Ottawa, IL 61350

Sandwich Veterinary Hospital
% Rockford Mercantile Agency
PO Box 5847
Rockford, IL 61125-0847

SBC
% Asset Acceptance LLC
PO Box 2036
Warren, MI 48090-2036

SBC Ameritech Consumer ILL
% Collection Company of America
700 Longwater Drive
Norwell, MA 02061

SBC Illinois
% Asset Acceptance LLC
PO Box 2036
Warren, MI 48090

Short Term Loans LLC
1400 E. Touhy Ave. #108
Des Plaines, IL 60018

SleepMed Therapy Services, Inc.
2230 Towne Lake Pkwy.
Building 1000, Suite 150
Woodstock, GA 30189

St. Mary's Hospital
% Van Ru Credit Corp
10024 Skokie Blvd.
Skokie, IL 60077-1025

St. Mary's Hospital - Streator
PO Box 4105
Springfield, IL 62708-4105

St. Mary's Hospital - Streator
% State Collection Service Inc.
PO Box 6250
Madison, WI 53716-0250

Steven C. Delheimer, MD
% Genesis Medical Mgmt.
1260 N. Crest Dr.
Rockford, IL 61107

Steven Sheneman
5340 175th St.
Tinley Park, IL 60477

Steven Sheneman

Streator Drugs
% Creditors Discount & Audit Co.
PO box 213
Streator, IL 61364

Tabor Podiatry
% Credit Recovery, Inc.
PO Box 916
Ottawa, IL 61350

Talarico Family Physicians
1050 E. Norris Dr.
Ottawa, IL 61350

TCF National Bank
% ACC International
ACC Bldg.; 919 Estes Court
Schaumburg, IL 60193-4427

Telecom*USA a Verizon Company
PO Box 600674
Jacksonville, FL 32260-0674

The Cash Store Ltd.
1300 W. Walnut Hill Ln.
Suite 255
Irving, TX 75038

The Law Firm of Dreyer, Foote,
Streit, Furgason & Slocum
1999 W. Downers Place
Aurora, IL 60506

Tim Bott
% U-Stor-It
1435 Boyce Memorial Dr.
Ottawa, IL 61350

Tri City Radiology SC
% KCA Financial
PO Box 53
Geneva, IL 60134

Tribute MasterCard
% MCM
Dept. 8870
Los Angeles, CA 90084-8870

U.K. Sinha, Physical Therapy
16 Northpoint Dr.
Streator, IL 61364

U.S. Cellular
PO Box 0203
Palatine, IL 60055-0203

Upendra K Sinha, MD
104 Sixth St.
Suite 303
Streator, IL 61364

US Cellular
%Portfolio Recovery Associates, LLC
PO Box 12914
Norfolk, VA 23541

V. S. Teves, MD
IL V. Pathologist
PO Box 89
Spring Valley, IL 61362

Vartec Telecom, Inc.
PO Box 872025
Kansas City, MO 64187-2025

Viking Magazine Service
% Credit & Collection Solutions Inc
PO Box 1013
Great Falls, MT 59403

Vital Care Physical Therapy
% Midstate Collection Soltuions
PO Box 3292
Champaign, IL 61826-3292

Wenona Health Center, S.C.
516 South Chestnut
Wenona, IL 61377